



ASC Utilization Report
State Form 49933 (R3/6-05)
Indiana State Department of Health
Acute Care

Status: Finalized

I. Center Identification

Organization Name: CAPITOL STREET SURGERY CENTER

Street Address: 2007 N. Capitol Ave

City: Indianapolis

County: Indiana

Administrator Name: Kathy (KJ) Newman

Administrator Email: knewman@capitolstreetsurgery.com

ASC Web Address:

Fiscal Year: 2017

Accredited: Yes No

Name of Accrediting Body: AAAHC

Deemed Status: Yes No

Corporate Tax Status: For Profit Non Profit

II. Identification of Surgical Resources

Number of operating rooms	4
Number of procedure rooms	0

III. Utilization Statistics

A. Total Patients and Procedures		
Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	668	2196
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
15877	134	
19325	113	
19316	61	
19318	47	
19340	45	
63650	44	
15830	42	

29827	37
29881	34
15847	33

IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following a surgical encounter.	0
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